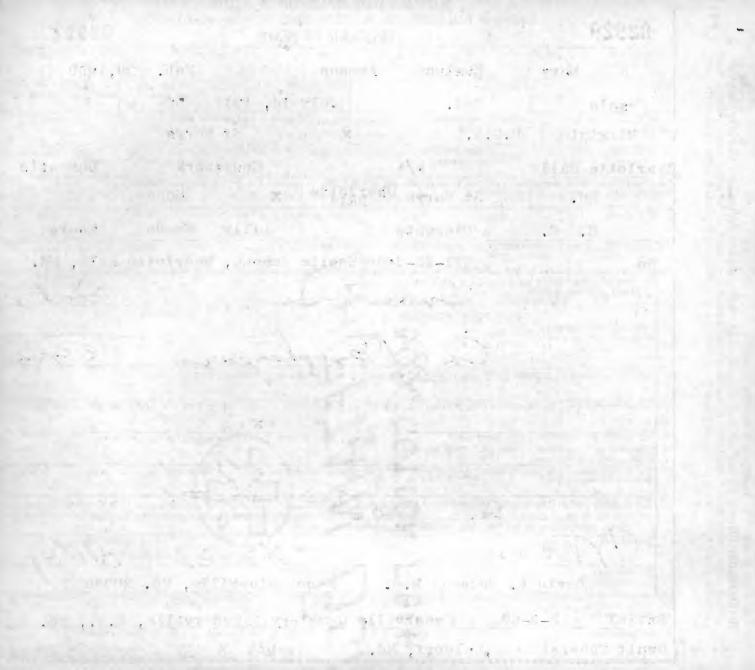
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02929 02924 CERTIFICATE OF DEATH Middle Last I. DECEASED-NAME 20. DATE OF DEATH 2b. HOUR deoth. (Type or print) Feb. 28,1969 Mary Evelyn Ammons hours after 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER | YEAR 6. AGE (In years last hirthday) July 14, 1912 Cau. Female ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) Virginia = U.S.A. St Marys WIDOWED A DIVORCED [filled event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress) N/A during great of working life even if retired.) Domestic Charlotte Hall 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before Charlotte 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY St Marys odmission) STATE Md. None YES NO director, page 3 should be detoched for use as the buriol-tronsit permit. Then please relyed should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and physician ond chen please remo 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Clements Lilly Maude Moore C. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address [11 yes give war or dates of service] 231-22-2466 Weslie Ammons, Charlotte Hall, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (6), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the buriol-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO IX 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF CEATH Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1960, and that in (my) (aur) apinion death occurred an the date and have and fram the saw the deceased alive an causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR **ATTENDING** STAFF TO HOSPITAL OR DIRECTOR -DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) David L. Mossman M.D. Mechanicsville, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230. BURIAL, CREMATION, 23b. DATE (County) Bull La (Specify) 3-2-69 Cedarville Cemetery Cedarville, P.G. 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE y Charles Judge DATE MAR 3 1969 Huntt Funeral Home, Waldorf, Md.



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ro Hospital. Page 4 may ro Funeral. director, pag should be fil	22d. PHYSICIAN'S NAME (Type)	Philip I Provide	22e. ADDRESS	: Mills Maryland	
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Page dire	Burial (Specify)		ter Clavers	Ridge. St. Mary	
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70	o. BIRTHPLACE (State or nuntry)	foreign 7b. (CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. CO	UNTY OF DEATH			
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pr.	city or town of de Lexington		11. NAME OF HOSPITAL OR give street address)	Hostitution (If n	it in hospital	12a. USUAL OCC during most of	UPATION (Kind of working life, ever	work dane if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
- 13	a. USUAL RESIDENCE (Y	here deceased liv	red, if institution: Residence before	re 13c, CITY OR	TOWN 13d. I	INSIDE CITY LIMITS?	13e. STREET AND	NUMBER		
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_		First	Middle Las		MOTHER'S MAIDER	N NAME First		Middle		Lost
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16	No. WAS DECEASED EVER	IN U.S. ARMED F			FORMANT				ot #68 I	
	Yes, 90, or unknown)				dical Re	cords -	· Father	Trail		
	18. CAUSE OF DEA	TH (Enter only one WAS CAUSED BY:	e couse per line for (a), (b), and							NATE INTERVAL NSET AND DEATH
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	Conditions, if any, rise to immediate	cause (a),	(b) Brain							
	stoting the underli	ring cause	DUE TO, OR AS A CONSEQUENCE (c) Cerebra	al Dysfu	netion					
1	_	NIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BU			SEASE OR CONDIT	ION GIVEN IN PART	1(0)		
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	saw the d	eceased alive	an(gid) (district) view to	_19_09, and	that in (my)	apinion	death occurred	an the do	ate and haur	and from the
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,	22d. PHYSICIANS	1,100-		^	22e. ADDRESS					
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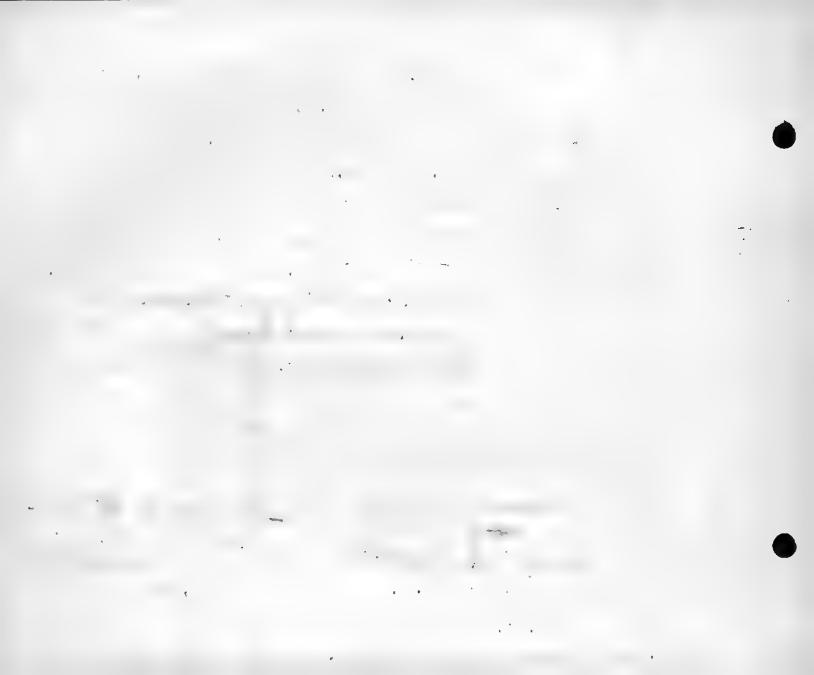
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ing ing		18 CAUSE OF DEATH (Enter and PART 1 DEATH WAS CAUSED	y one couse per line far (o), (b), and (c	Law I boom	lane	BETWEEN QUISET AND DEATH
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for free free free free free free free f	MEDICAL	or contributing cause of death	H HOUR A.M. Month Day Year			
YSIG lospi cert cert cert shed	뮻	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, E) OFFICE BUILDING, ETC	CTORY.) 21f. LOCATION Street at R.F.D.	No. City of Town	County State
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TI dan		22b SIGNATURE	, (I) (we) (drd) (district) view the	bady after death	220	DATE/SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0293 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20 DATE KNOWN 26 HOURT Month (Type or Print) OF ESTI-Page e Department of HICKS JR 11:66 4 RACE 6 AGE (In yours F JNDER 24 HRS 2r DATE PRONOUNCED DEAD S DATE OF BIRTH 2d HOUR P.M.3. MALE WHITE 4/22/1932 36 1969 17:00P YRS 7o. BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY EXAS W DOWED [7] USA DIVORCED [ST. LARYS 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR give street oddress) during most of working life, even if retired)
EXECUTIVE SECRETARY INDUSTRY. POTOMAC RIVER LIBERTY LOBBY 130. USUAL RES DENCE (Where deceased lived, functiful on Residence before 13c CITY OR TOWN 3d INSIDE GITY JIM TS2 13e STREET AND NUMBER 136 COUNTY WASHINGTON D.C. pages lond 2 w YES X NO 220 2ND ST.S.E. ofter 14 FATHER'S NAME M ddle IS MOTHER'S MAIDEN NAME First Middle B. HICKS SR. UNKNOWN 16d WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECUR TY NO 17 INFORMANT 6740 AS MAIN ST. (Yes pa or unknown) 452 44 2224 RAYMOND J. WALKER JR. MEADEVILLE.PA. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) HYPOTHERMIA 15 MIN. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove 1 rise to immediate couse (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🔲 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY TOR CONTRIBUTING BOAT RAN AGROUND IN STORM CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town (punty State WHILE AT WORK TO POTONAC RIVER MOUTH OF YEOGOMICO RIVER, ST. MARYS MD. 22a. I certify that I taak charge of the remains described above, held on Autopsy Inspection X. Inquiry x. and in my opinion deoth resulted from: Natural couses , Accident Suicide , Hamicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town or county) TOTOLIN I. D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) 23o BURIAL, CREMATION, (County) Culpenner. Virginia Culpepper, National 2.14.69 ADDRESS 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME [5] LEONARDTOWN. MD.



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24 hours after ad you by the function of the f		BIRTHPLACE (Stote or foreign itry) Maryland	76. CITIZEN OF W		L-g-/	RRIED 9.	St. Mary's		Md
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DING PHYSIC by the hospii (fter this certi be detached State Dept. of	25	THE PROPERTY OF			TORY.) 21f. LOCATION Stree		City or Tawn	County	State
Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-traishould be filed with the State Dept. of Health priar to burial, cre			(this hespital) att d alive an ave, (I) (**********************************	ended the decease	ed from 9 D , and that in (m bady litter death.	, 19 <u>.6.s</u> ıy) (aur) apini	A, ta 2/4, an death accurred an the		(I) (we) last and fram the
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FITA md) ERAL pr, pc			ames P. J	rboe M. I			t Mills, Maryl	and	
TO HOSPITAL OR Page 4 may be 1 TO FUNERAL DIRE director, page 3 should be filed v	23a.	DEMOVAL (Specific)	Sb. DATE		CEMETERY OR CREMATORY y Episcopal		23d .OCATION (City or Town) St.Mary's Cit	(County) y, St.M.	(Stote) Md.
VRAIS AND	24	FUNERAL DIRECTOR		ADDRESS	36.	2So. REC'D 8Y		IR'S SIGNATURE	
30M REV. IN S	V	Clarke Matt:	inglev	Leonard	town. Md.	DATE TO S	B 1 7 1900 0	welcome For I .	2.50.



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
COD CTATE		02938 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	02930
FUR STATE	It	m#5,6, FilmGl.79, 12 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month OF ESTI-	
of to		GORDON Aug. 5.1905 PLUGGE DEATH MATED PEB	77 101
delay and 3 tment	3 5	SEX 4 RACE S ATT A GE (In years F UNDER LYEAR 6 UNDER 24 HRS 2c. DATE PRONOUNCED DEAD ON MONTHS DAYS HOURS MIN. Month Doy	2d HOUR
2 and PM3.		MALE WHITE ACCOUNTS FEBRUARY 2	6. 19 69 M
		BIRTHPLACE (Stote or foreign 76 CHTIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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Give de Groe dang wang warth the		LEONARDTOWN D.O.A. give street oddrest. MARY 8 HOSPITAL during most of working ite, even if centred	WER Co.
after death 8. Give Pages 1, along with farm with the State De	130.	DUSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c SAVVD CAVEES 13d Inside (ITY CHM.757 13e. STREET AND NUMBER	
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nin 24 miners miners pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS S (Yes, no, or July 70 wm) (If yes give wor or dotes of service)	ANDGATES,
I with n pen Exam Exam File 7.2 I		577-05-0840 SUBAN CATHERINE PLUGGE MECH	ANICEVILLE, MO.
This certificate shauld be executed within 24 haurs after death icate, writing the ward "pending" in pencl in Item 18. Give Pag be forwarded to the Chief Medical Examiner's Office along with the browned as a burial-transit permit. File pages land with the Sta or removal, and in any event within 72 haurs after, death		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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shauld be e ne ward "per ta the Chief I burial-transit		lost. (c)	
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<u> </u>		210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Port 1 or Port 2, HOUR A.M.	Item 18)
INER: T e certific shauld b files. 3 should artian, or	MEDICAL	CAUSE OF DEATH P.M. 19	
	E	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f LOCATION Street or R.F.D. No (ity or Town	County State
		AT WORK AT WORK	
ICAL E execution. Post ed for CTOR: B		22a 1 certify that I took charge of the remoins described obove, held on Autopsy [], Inspection []. Inquiry [ond in my opinion
directar directar brained DIRECT		death resulted fram: Natural couses 🖃, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manne	
please e directar	1	CHIEF MEDICAL EXAMINER	
JTY Iry, please eral direct be retain RAL DIRE priar ta		SIGNATUREMD ASSISTANT MEDICAL EXAMINER 226. DAT	E SIGNED
San San Y by by by h	1	EXAMINER'S DEPUTY MEDICAL EXAMINER 2	-26-61
		NAME (Type) WILLIAM D. BOYD M. D. ADDRESS(Street, city, town, or county)	
5 g # ~ 5 H	230	D BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	-		MARY S MARYLAND
No alswer Lon		FUNERAL DIRECTOR ADDRESS ADDRESS ACCIONARD TOWN AND TOWN ARYLAND ADDRESS ACCIONARD TOWN ARYLAND ADDRESS ACCIONARD TOWN ARYLAND ADDRESS ACCIONARD TOWN ARYLAND	SHENATURE TO SEE
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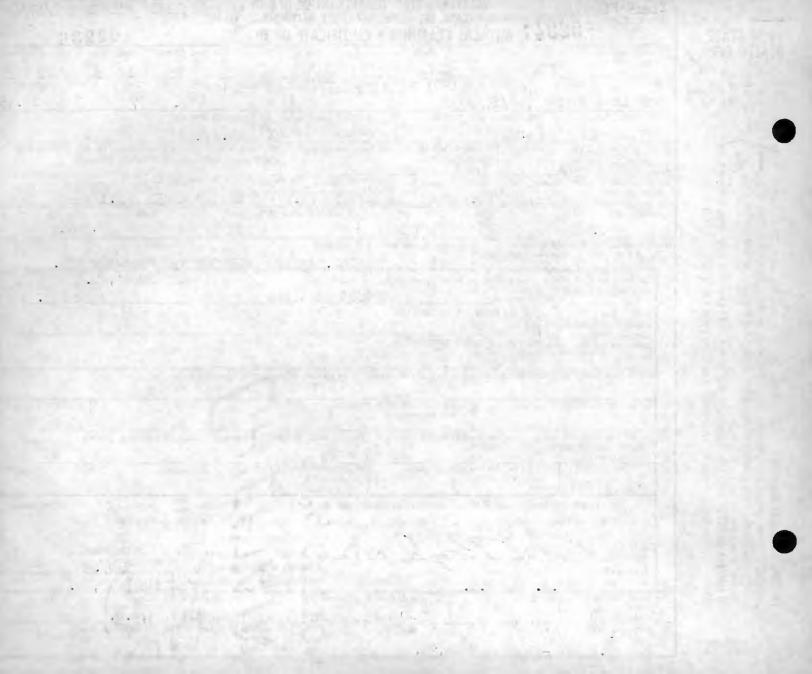
•	DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	12001
FOR STATE	02939 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02934
HEALTH DEPT.	/* B //	ay Yeor 2b. HOUF
ম	(Type or Print) Carlton Lunza Robinson OF ESTI- DEATH MATED Feb.	4. 169
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This certificate shauld be executed within 24 icate, writing the ward "pending" in pencil in be forwarded to the Chief Medical Examiner's d be used as a burial-transit permit. File pages or removal, and in any event within 72 hours.		
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please please retained	CHIEF MEDICAL EXAMINER	J
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		- 35
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MARYLAND STATE DEPARTMENT OF HEALTH



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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	7.41117.13	02937
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month D	Poy Year 2b. HOUR
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ny delic 2, and PM3.	MALE WHITE 2/22/1903 65 YRS. HEB. 17	Yeor 19 69 11 T
- E 8	76. SIRTHPLACE (State or foreign tountry) 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED COUNTRY	- 1
offer death. 3. Give Pages Mang with far with the State	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 1/2 give street oddress) 121. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1/2 or USUAL OCCUPATION (Kind of work done 1/2 or usual not of working life, even if retired.)	2b. KIND OF BUSINESS OR IDUSTRY
er d Sive ng v h th	POTOMAC RIVER 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
To so of	odmissipel ST No □ 1265 MONROE ST	N.E.
Hem I don't a office office	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
2 5 8		HANOPHY
be executed within 2 "pending" in pencil in lef Medical Examiner" in mist permit. File page: event within 72 hour	16b. SOCIAL SECURITY NO. 17. INFORMANT 674DRESS. MAIN (Yes, no, or unknown) 17. INFORMANT 17. INFORM	
ed we in F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed v "pending" in hief Medical Ex ansir permit. Fi event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HYPOTHERNIA	15 MIN.
exe f Me it pe	DUE TO, OR AS A CONSEQUENCE OF	
_ E 0	(b) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	
wal wal	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
is certificate sh te, writing the forwarded ta t e used as a bui remaval, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iffico iting ardeo al, o	NO.	
is certificate, writing farward a ne used a remayal,	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern	20. AUTOPSY?
E 0 9 4	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	YES NO X
	PRIMARY (A) OR CONTRIBUTING HOUR A.M. 11.000 P. 2/9 1969 BOAT RAN AGROUND IN STORM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street. 21f. LOCATION Street or R.F.D. No. City of Town	100
S S Talk		County Stote
EXAMINER: execute the certificar. Page 4 shauld ed for your files. CTOR: Page 3 should burial, crematian,	WHILE AT WORK AT WORK AT WORK POTOMAC RIVER MOUTH OF YEOCOMICO RIVER ST. 1	MARYS MD.
NE Xecu Xecu Xecu Xecu Xecu Xecu Xecu Xecu	22a. I certify that I taak charge af the remains described abave, held an Autopsy, Inspection K, Inquiry K,	
lease e director trained birector to burector trained birector trained bir	death resulted fram: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner]
ry, please ry, please eral directory be retain RAL DIRECTORY	ACTUAL CHIEF MEDICAL EXAMINER CASSISTANT MEDICAL EXAMINED 22b, DATE SIL	CNED
UTY dry. Derg be be pri	SIGNALURE M.D. ASSISTANT MEDICAL EXAMINER	1/69
O DEPUTY CADICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) WM.D.BOYD M.D. ADDRESS (Specify A PROTOCORPHY) MD.	
10 10 He	100 A	County) (Stote)
	BURIAL 2.17.69 Calvary Cemetery Mayfield Per	nna
VR A15ME (5)	FFB 1 4 1969	Marion Contract
10M REV 1/68	JOHN M. WELCH - LEONARDTOWN, MD.	

